

MASSACHUSETTS DIVISION OF MARINE FISHERIES
2003 Horseshoe Crab Landing Report Form

Permit Holder: _____ Permit #: _____ Month Fished: _____
Method of Harvest: _____ Type of Permit: Bait _____ BioMedical _____

Method and /or Gear Used to Harvest: Hand, Trawl, Net (describe), Other (describe)

Describe Method: _____

Day	# Females	# Males	Harvest Location (give the town, bay and beach where the crabs were harvested)	Sold To: (give name of dealer or person sold to)
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Return Completed Forms By the 5th Day of Each Month To:

Massachusetts Division of Marine Fisheries
50A Portside Drive
Pocasset, MA 02559
Attn: Frank Germano

If you need information call: (508) 563-1779 ext. 123

Permit Holder's Signature: _____ **Telephone #:** _____